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To:

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Fax #: 571 273 8300

From:

Karl Hesse 704 895 8241

Number of Pages to Follow: 84

Date: April 3, 2006

KOH 3 APR 2006

Application Information:

Applicant: Fellows et al.

Examiner: H. Safaipoor

File Date: 06/21/2000

Serial Number: 09/598,141

Group Art: 2622

Title: IMAGE CAPTURE AND PROCESSING SYSTEM HEALTH CHECK

Items Included in FAX:

1. Comments regarding Reasons for Allowance dated February 10, 2006
2. Authorization to Charge deposit account for one excess independent claim
3. _____

Charged to Deposit Account # 09-0469: \$200

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Docket Number: CT9-99-006

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 200**Complete if Known**

Application Number 09/598,141
 Filing Date June 21, 2000
 First Named Inventor Fellows et al.
 Examiner Name Houshang Safaipour
 Art Unit 2622
 Attorney Docket No. CT9-99-006

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Deposit Account Name: _____

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	1(X)	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP = _____

x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP = _____

x 200 = 200

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = _____

/ 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature

Registration No.
(Attorney/Agent)

25,398

Telephone 704 895 8241

Name (Print/Type)

Karl O. Hesse

Date APR 3, 2006

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Fellows et al. : Date: **April 3, 2006**
Serial No: 09/598,141 : Group Art Unit: 2622
Filed: June 21, 2000 : Examiner: **Houshang Safaipoor.**
FOR: IMAGE CAPTURE AND PROCESSING SYSTEM HEALTH CHECK

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by: KARL O HESSEKarl O Hesse

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Honorable Commissioner of Patents and Trademarks
Washington, D. C. 20231

COMMENTS

Dear Sir:

In reviewing the Examiner's statement of reasons for allowance, it was noticed that an extra independent claim now exists in this application and accordingly an authorization to charge the assignee's Deposit Account for the extra claim is submitted herewith.

Responsive to the Office Action dated February 10, 2006, please accept the following comments regarding the Examiner's statement of reasons for allowance.

Applicants concur with the Examiners statement of reasons for allowance regarding claims 2, 3, 6, 7, 9, 10, 13, 14, 16, 17, 20 and 21. These claims have the limitations recited by the Examiner.

04/05/2006 EFLORES 00000089 090469 09598141

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